

REGULATIONS TO REVISE

Agency	COMAR/Statute #	Title	Description	Recommended Action	Benefits of Reform
SHA	11.04.10, Manual on Uniform Traffic Control Devices (MUTCD)	Logo Signing	COMAR 11.04.10 and the MUTCD authorize and regulate directional signage for specific motorist services, including gas, food, lodging, and camping.	Revise COMAR 11.04.10 and SHA policy to eliminate references to the number of meals a food establishment must serve and to clarify that business logos can be removed for failure to comply with the regulations.	Highway logo signs are a valuable public service. First, the signs alert drivers, including tourists and truckers, to specific services. This promotes local businesses in an efficient and cost-effective manner. Currently, the regulations allow priority for food establishments to be determined by the number of meals served but there is actually not consensus on what constitutes the definition of "meal." Relying on hours of operation and distance from the highway would be the most equitable indicators of determining which business logos can be displayed on the limited surface area of the highway sign. The proposed changes will update and revise the current practice in order to provide increased advertising opportunities for smaller businesses/restaurants. Additionally, because these signs serve such an important role and there are often businesses in line to have their logo displayed, COMAR should be updated to clarify the removal process. SHA policy should be revised to allow for automation of the application process, which would assist the ease with which businesses apply to have their logo on such on-premise signs.
DHMH/OHCQ	COMAR 10.07.02.08G	Nursing Homes	Current regulations prohibit a facility from denying admissions or involuntarily discharging a resident solely because the patient has a communicable disease. The regulations further stipulate that the facility must notify the Department of its intention to admit a resident with a communicable disease, before admission. The Secretary of the Department may prohibit the admission of a patient with a communicable disease if it is determined that admission would pose a risk to the health, safety, or welfare of other residents.	Revise - the list of communicable diseases, which currently includes HIV and conjunctivitis, should be reviewed and updated, to be consistent with current practices and standards.	Updates Maryland regulations to be consistent with current standard practices and could allow for more patients to receive proper care.
DHMH/OHCQ	COMAR 10.07.02.29	Nursing Homes	Regulations require that covers be placed on all hot water bottles and ice caps before they are placed in a bed or on a patient, and that water temperatures not exceed 120°.	Revise - these requirements should be waived, or amended to reflect the use of hot packs and ice packs which are contained and reach a specific temperature	Updates Maryland regulations to be consistent with current technology

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DHMH/OHCQ	COMAR 10.07.02.20	Nursing Homes	Current regulations require nursing homes to maintain records for all patients, including a summary sheet showing the patient's name, social security number, citizenship, marital status and other personal characteristics; the names and addresses of personal physicians, dentist, parents' names or next of kin; documented evidence of the assessment of the needs of the patient; authentication of hospital diagnoses or discharge summaries; consultation reports; observations and progress notes; and the interdisciplinary care plan.	Revise - these regulations should be amended to reference the use of electronic patient health records.	These changes will result in a cost savings in health care and an improvement in the quality of care.
DHMH/OHCQ	COMAR 10.07.02.27	Nursing Homes	Current regulations mandate that a detachable extension cord be attached to each patient's bed	Revise - Regulations should permit the use of wireless call bell systems that are pager activated	Update Maryland regulations to be consistent with current technology.
DHMH/OHCQ	COMAR 10.07.02.28	Nursing Homes	Current nursing home regulations require residents sharing a room to be the same sex, unless husband and wife.	Revise - Regulations should be changed to allow two opposite-gender siblings, parents, or children to share the same room.	Increases resident's opportunity for choice and a nursing home's flexibility in placing patients.
DHMH/OHCQ	COMAR 10.07.02.13	Nursing Homes	The dietetic services provided at nursing facilities provide for standards in terms of frequency, nutritional value, and preparation.	Revise - these regulations could be updated to accommodate variety in dining styles and preferences as well as person-centered care in terms of frequency, quality, and timing of meals.	Increases residents' opportunity for choice and nursing home's flexibility in providing these services.
DHMH/MHA	COMAR 10.21.07	Therapeutic Group Homes for Minors	This chapter establishes the procedures and standards for operating, programming, and staffing a therapeutic group home (TGH) for children	Revise - Some regulations pertaining to therapeutic group homes (COMAR 10.21.07) have not been updated or amended in more than 20 years, and older regulations should be adjusted or eliminated, and replaced with new standards contained in newer regulations (COMAR 14.31.05 and 14.31.06).	Consistency among regulatory requirements. This chapter will be amended to bring it current with existing procedures and terminology. See #2 - #7 and #10.
DHMH/MHA	COMAR 10.21.07.02A	Definition of "program administrator"	The term "program administrator" is found in COMAR 14.31.06 Standards for Residential Child Care Programs, regulation .03B(17).	Revise - Adding a staff function to the regulation for "Program Administrator," who can be designated by the governing board of the therapeutic group home as having day-to-day responsibility for the overall administration and operation of the program and for assuring the care, treatment, safety, and protection of the children. The Program Administrator would have similar responsibilities to the role of Chief Executive Officer, and as such, regulations should interpret the Program Administrator as being "interchangeable" with the CEO. Adoption of this proposal would result in adjusting COMAR 10.21.07.10, 10.21.07.12, and 10.21.07.14.	This proposal gives providers an additional option in administering a program and brings it in line with regulations promulgated by the Governor's Office for Children.

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DHMH/MHA	COMAR 10.21.07.02B(11)	Definition of "Primary caretaker"	In this definition, the primary caretaker is defined as the child's custodial parent or parents, or an adult with whom the child currently resides.	Revise - Placement agencies should be added to the definition of primary caretakers as many youth are committed to the Department of Social Services and the placement worker at the DSS should be viewed in regulation as a "primary caretaker."	This allows placement agencies to act on behalf of a child where a primary caretaker is not available.
DHMH/DDA	COMAR 10.22.02.13	Administrative Requirements for Licensees - .13 Records	Current regulations require providers to maintain records for each individual receiving services, which should document the individual's emergency contact, physician, current diagnosis, potential allergies, and list of current medications.	Revise - The regulations should be updated to allow providers to maintain electronic copies of these records and reports.	This reform would allow providers to keep their records electronically and would facilitate easier access to necessary information.
DHMH/ADAA	COMAR 10.47.02.04 D. (2)	.04 Outpatient Services Level I. D. Program Services.	An individual treatment plan as described in COMAR 10.47.01.04 completed and signed by the alcohol and drug counselor and patient within 7 working days of the comprehensive assessment and updated every 90 days.	Revise - The Alcohol and Drug Abuse Administration recommends that individualized treatment plans for opioid maintenance therapy programs as described in COMAR 10.47.01.04 be completed and signed by the clinician and patient within 7 business days of the comprehensive assessment and updated every 90 days. After completion of one year of continuous treatment in the program and if the patient is eligible for 6 take-home dosages as described in 42 CFR Part 8; the patient's treatment plans shall be update every 180 days.	This proposed reform would allow more time for clinicians to provide needed treatment service to patients. It is a more cost effective and efficient way to provide treatment services.
DHMH/OHCQ	COMAR 10.07.02.37	Nursing Homes	Regulations require that an "interdisciplinary team" shall complete a resident-specific care plan for each resident within 7 calendar days following completion of all assessments, and this care plan should be updated at least quarterly and/or when a significant change in the resident occurs. The regulations also require the facility to give a family member or resident's representative 7 calendar days notice, in writing, of the location, date, and time of the care planning conference.	Revise - Notification requirements for the family member or resident's representative only apply, "if the resident consents," or if the resident lacks capacity to consent to health care decisions, arguing this would promote patient choice.	Increases residents' opportunity for choice
DHMH/OHCQ	COMAR 10.07.02.27	Nursing Homes	Current regulations specify that medications must be kept in locked cabinets until dispensed, prohibiting a resident from self-administering medication	Revise - regulations should be updated to affirmatively state that some patients, where appropriate, may administer their own medications, as a way to facilitate a more 'home-like' environment.	Increases resident independence
DHMH/OHCQ	COMAR 10.07.02.28 D	Nursing Homes	Current regulations list the responsibilities of nursing homes in terms of the types of furnishings that must be provided for residents.	Revise - Regulations should enable or clarify that residents are permitted to bring their own furnishings. Consideration should be given to storage and space limitations of the nursing homes.	Increases residents' opportunity for choice

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DHMH/OHCQ	COMAR 10.07.14.19	Assisted Living	Current regulations provide for basic qualifications for employees of assisted living facilities to ensure the quality of care of individuals receiving services in the program. These basic qualifications include that the employee must be at least 18 years of age or older (unless this requirement is waived by the Department for good cause); be free from communicable diseases such as tuberculosis, measles, or mumps; and be without any impairments that would hinder the employee's performance.	Revise - First aid training is analogous to CPR training, which is often a multi-year certification, not annual. The regulations should be amended to make first aid training be required at least every two years.	Coordinates CPR and First aid training that are historically offered at the same time.
DHMH/OHCQ	COMAR 10.07.14.46C	Assisted Living	Current regulations require that assisted living facilities develop an emergency and disaster preparedness plans that includes procedures that shall be followed before, during, and after an emergency or disaster. Regulations require that these plans guide the evacuation, transportation, or shelter in-place of residents, and describe how the facility will notify families and staff regarding the actions that will be taken to maintain the safety and well-being of residents. When residents must be re-located in these circumstances, regulations require the facility to send a brief medical face sheet with each resident that includes, at minimum, the following: name of resident; medical condition or diagnosis; medications; allergies; special diets or dietary restrictions; and family or legal representative contact information. Regulations require facilities to update the resident emergency medical face sheets if the condition of the resident changes and be reviewed at least monthly.	Revise - The requirement that emergency medical face sheets be reviewed on a monthly basis should be changed to quarterly.	Simplifies compliance with basic regulation.
DHMH/OHCQ	10.07.02.28B(10)	Nursing Homes	Regulations require that nursing homes provide at least 3 feet between beds and at least 18 inches from walls and heating units. Public comment suggested that the term 'walls' be removed from the regulation, and suggested alternative language: "A distance of at least 3 feet shall be maintained between each bed. Each bed is to be placed so that all sides of the bed are at least 18 inches from heating units."	Revise - OHCQ agrees with allowing resident choice to have bed against the wall as long as doing so is not contraindicated based on resident's medical needs.	Increases residents' opportunity for choice

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DHMH/MHA	COMAR 10.21.07.12F(2)	Treatment and Support Services Provided by the Therapeutic Group Home (TGH)	This regulation outlines what a TGH must do when planning for the discharge of a minor admitted to the program. Current regulations require therapeutic group homes to collaborate with Core Service Agencies during the licensing and treatment periods. In addition, regulations require therapeutic group homes to notify the Core Service Agencies and Department when a child is discharged from the program.	Revise - The Core Service Agencies should be notified if there is a critical incident, untimely or unexpected discharge or if the CSA is the lead agency, but not for every discharge.	Notification of CSAs in cases of discharges that are not anticipated will enhance the collaborative treatment planning process. When CSAs are not the lead agency and discharge is not unexpected and there is no critical incident, CSA notification is not necessary. The requirement, therefore, does not apply when the specific conditions are not met.
DHMH/MHA	10.21.07.11E(2), (3), and (4)	Individual Treatment Plan (ITP) - ITP Review	Current regulations require therapeutic group homes to develop an initial individualized treatment plan for each child, and to invite, as appropriate and with proper consent, the participation of family members and community-based providers of services to the child. Thirty days after admission, the therapeutic group home is required to prepare an individualized treatment plan that will be addressed by the group home staff, in collaboration with the child, treatment team, primary caretaker and, as appropriate, family members.	Revised - Therapeutic group homes should be required to obtain parental/guardian signatures regarding the individualized treatment plan, and the homes be required to provide evidence documenting efforts made to obtain this signature.	Allows some flexibility for the treatment provider in the event a parent/family member/guardian is not able or willing to participate in the development of the initial ITP or ITP reviews.
DHMH/MHA	COMAR 10.21.07.14.B(3)(e)	Staff - Chief Executive Officer	Current regulations require the Chief Executive Officer to assure staff compliance with credentialing and privileging, in collaboration with the clinical coordinator.	Revise - The role of a clinical coordinator is not a management position, and has no role in supervising staff. The phrase, “in collaboration with the clinical coordinator” should be removed from regulation, to clarify that it is the sole responsibility of the CEO to assure the credentialing and privileging of staff.	Clarifies that credentialing and privileging of staff is the responsibility of the CEO, which will eliminate the need for the clinical coordinator to be involved with higher management responsibilities.
DHMH/MHA	COMAR 10.21.07.14C(3)(g)	Staff - Clinical Coordinator	The clinical coordinator must be a mental health professional, on duty for a specified amount of hours when the minors are normally on sight, is responsible for the clinical components of the mental health treatment provided, clinical supervision of staff, as well as the therapeutic milieu. Current regulations require the clinical coordinator to be responsible for maintenance of the “therapeutic milieu” to facilitate continued quality of care for children receiving services at the therapeutic group home.	Revise - A licensed mental health professional must be responsible for maintaining the therapeutic milieu of the group home. If neither the program coordinator nor CEO is a licensed mental health professional, then this responsibility must be executed by the clinical coordinator, who is a mental health professional.	The management of the therapeutic milieu of the TGH must be carried out by a mental health professional. To allow for flexibility, if the CEO isn't a licensed mental health professional, and the CEO does not want the clinical coordinator to be responsible for the therapeutic milieu, the program may hire another mental health professional as a program coordinator to manage the therapeutic milieu.

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DHMH/MHA	COMAR 10.21.19.08 Mobil Treatment Services; 10.21.20.10 Outpatient Mental Health Centers; 10.21.21.10B Psychiatric Rehabilitation Programs for Adults, and 10.21.29.09G Psychiatric Rehabilitation Programs for Minors	Required Staff - Program Director	In each of the listed chapters, the identified regulation outlines the role and responsibility of the program director. Chapter 19 Mobile Treatment Services, and Chapter 20 Outpatient Mental Health Centers require the program director to be a licensed mental health professional. Chapter 21 Psychiatric Rehabilitation Programs for Adults, and Chapter 29 Psychiatric Rehabilitation Programs for Minors must have sufficient qualifications, knowledge, and experience to execute the duties of the position.	Revise - For the clinical treatment programs, the requirement is that the program director be a licensed mental health professional because sufficient knowledge of clinical treatment best practices is desired. For Psychiatric Rehabilitation Programs (PRPs), vocational programs, respite care and other supportive services, a licensed program director is not required. MHA expects the program to determine sufficient qualifications, knowledge, and experience to execute the duties of the position when a license is not required.	Community Behavioral Health Association of Maryland believes that the program director's qualifications should be determined based on the professional judgment of the program.
DHMH/MHA	COMAR 10.21.20.07B Outpatient Mental Health Centers; 10.21.21.06D Psychiatric Rehabilitation Programs for Adults and; 10.21.29.06D Psychiatric Rehabilitation Programs for Minors	Treatment Planning and Documentation - Continuing Evaluation and Treatment - Signature of Contact Notes	For each regulation cited, contact notes must have a legible signature and printed or typed name of the mental health staff providing care, with the appropriate title.	Revise - The regulation should be changed to permit the use of electronic signatures.	Brings current the use of electronic signatures on contact notes or monthly summary notes, which will ease the burden placed on staff providing mental health treatment.

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DHMH/MHA	COMAR 10.21.07.09A(2)(c)	Therapeutic Group Home - Eligibility	This regulation outlines the eligibility requirements for admission of children to a therapeutic group home.	Revise - The regulations should be amended to clarify that being violent is not necessarily a contraindication to TGH admission but should be assessed prior to admission with the current clinician treating the youth in the community to ensure that the potential violence level can be managed in the TGH, and so a safety and crisis plan can start upon admission. A regulation change is not needed around cognitive ability since there is flexibility in the regulations now to allow for assessment of how cognitive status of youth would impact their ability to benefit from the TGH program or not.	The change in regulations will clarify the standards for admission and allow flexibility for the homes.
DHMH/DDA	COMAR 10.22.02	Administrative Requirements for Licensees	Current regulations provide licensing standards for community based programs that provide services to people with developmental disabilities. These licensing standards pertain to programs serving both adults and children with developmental disabilities. Public comment suggested that these regulatory licensing standards could be updated, to distinguish between programs serving adults versus programs serving children. In addition, public comment indicated that the licensing standards in this section of COMAR may be geared more towards programs serving adults	Revise - The DDA supports allowing the Governor's Office for Children (GOC) to be the exclusive publisher for children's regulations for group homes as long as DDA has approval rights.	This reform would allow the GOC, the funding program of services for children, to take ownership of regulations governing their program.
DHMH/DDA	COMAR 10.22.17	Fee Payment System for Licensed Residential and Day Programs	Current regulations regarding the Developmental Disabilities Administration provider payment structure define a "fee payment system" as the "system for rate setting and reimbursement for services provided by licensed residential, day habilitation, vocational, and supported employment programs." The regulations later define "funding level" as "the total annual amount of money awarded by the Administration under the <i>prospective payment system</i> or under a contract for a day habilitation, vocational, or residential program."	Revise - The term "prospective payment system" should be replaced with "fee payment system," as this term is used elsewhere in COMAR.	This reform removes and clarifies inconsistent terminology currently used within the DDA regulations.

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DLLR	09.33.01.06B	Eligibility for Unemployment - Approved Training	This regulation covers the criteria for granting a work search waiver for claimants receiving approved training.	The existing regulation is outdated and needs further clarification in terms of the types of training for which the waiver should be granted.	Would provide clarity for both claimants and the agency in terms of what type of training is appropriate for granting work search waivers. Employers whose former employees are in claims status may benefit to the extent that waivers are granted only to those workers in training likely to lead to employment. Likewise, claimants may benefit to the extent that waivers are only granted for training focused on reemployment.
DLLR	COMAR 13A.05.03	State Board of Education	Programs of Adult Education, Adult Education is now under DLLR and the regulations should be moved	Move to COMAR Title 9 and revise as appropriate	Adult Education is now within DLLR, enabling legislation under Title 13A has been repealed so there is no authority for the current regulation.
MSP	29.03.04	Cease Fire Council	Function transferred to GOCCP (Governor's office of Crime Control & Prevention)	Revise to make clear which agency administers Council.	Provides clarity.
Public Service Commission	20.70.03.04(F)	Information to be filed with Commission	Requires prompt notice to the Commission by telephone or telegraph in the event of a fatal accident.	Revise to require prompt notice to the Commission by telephone.	Eliminates the mention of communicating with the Commission by telegraph.
Maryland Insurance Administration	31.08.11.04A(1)(b)	Property & Casualty Insurance Liability of Insurer Failure to Act in Good Faith	Sets forth the procedures for filing and processing certain civil complaints against property and casualty insurers pursuant to § 27-1001of the Insurance Article.	Amend .04A(1)(b) to reduce the number of copies of the complaint a consumer must file to an original and one copy.	Reduces burden and cost to consumers and coincides with the State's green initiatives.
Maryland Insurance Administration	31.08.11.05E	Property & Casualty Insurance Liability of Insurer Failure to Act in Good Faith	Sets forth the procedures for filing and processing certain civil complaints against property and casualty insurers pursuant to § 27-1001of the Insurance Article.	Amend .05E to reduce the number of copies of the responsive pleading a carrier must file to an original, one copy and a CD-ROM.	Reduces burden and cost to insurers and coincides with the State's green initiatives.
Maryland Insurance Administration	31.14.03	Long-Term Care Long-Term Care Partnership	Sets forth the filing requirements for carriers selling long-term care partnership policies.	The MIA has proposed an amendment to the regulation to clarify that the filing requirements only applied to carriers participating in the long-term care partnership program.	Reduces burden and cost to the carriers and coincides with the State's green initiatives.
DNR	27.01.02.03.D(8)	Intensely Developed Areas	"To the extent practicable, future development shall use cluster development as a means to reduce impervious areas and to maximize areas of natural vegetation."	Rewrite and include under 27.01.02.03.C with list of policies.	Removes ambiguity
DNR	27.01.02.04.C(8)	Limited Development Areas	"To reduce the extent of impervious areas and maximize areas of natural vegetation, cluster development shall be considered when planning for future development."	Move to 27.01.02.04.B with list of policies	Removes ambiguity
DNR	27.01.03.07	Community Piers and Other Related Noncommercial Boat Docking and Storage Facilities	Reconcile the usage of "marina" versus "pier".	Clean up inconsistencies with MDE's regulations.	Provides consistency
DNR	27.01.11.01A(1)	Variances	Make language consistent with statute.	Amend A(1) to make it consistent with language from NR §8-1808 (d)(4)(i).	Correct

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DNR	27.01.11.01A(2)	Variances	Language superseded in statute.	Repeal A(2) and replace with language from NR §8-1808 (d)(4)(iii).	Correct
DNR	27.01.02.03.D(8)	Intensely Developed Areas	"To the extent practicable, future development shall use cluster development as a means to reduce impervious areas and to maximize areas of natural vegetation."	Rewrite and include under 27.01.02.03.C with list of policies.	Removes ambiguity
DNR	27.01.02.04.C(8)	Limited Development Areas	"To reduce the extent of impervious areas and maximize areas of natural vegetation, cluster development shall be considered when planning for future development."	Move to 27.01.02.04.B with list of policies	Removes ambiguity
DNR	27.01.11.01A(3)	Variances	Language superseded in statute.	Amend A(3) to make it consistent with language from NR §8-1808 (d).	Correct
MSP	29.04.01	Security Guard Agency Licenses and Security Guard Certifications (4 parts)1 of 4	Rules and Procedures to obtain a Security Guard Agency License and Security Guard Certifications	01) The fees for FBI Print reflect an incorrect fee of \$24 Change the fee to \$19.25	01) Makes COMAR reflect current pricing.
		2 of 4		02) (I) 1. An individual applicant or representative member of a firm shall report in person to the Licensing Division with all appropriate completed forms and fees. At that time each applicant shall: (1) Have the right index finger printed to a prenumbered certification card; and (2) Sign the certification card. This should be omitted	02) Changing this would put COMAR in-line with our current SOP.
		3 of 4		03) .02 E (8) Has been convicted of any criminal act directly related to the applicant's employment with a detective agency licensed or required to be licensed by the State Police. Should read: Security Guard Agency or both Security Guard and Private Detective Agency	03) This is correcting an error in COMAR 04) This will streamline the process and reduce the time MSP spends issuing lost or stolen cards.

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		4 of 4		(4) the applicant shall provide the required fee in the form of a money order or certified check, along with two current fingerprint cards and one photograph. A. A lost, stolen, or damaged certification card shall be reported to the Licensing Division immediately. B. An individual reporting a lost or stolen certification card shall: (1) Provide a notarized letter, or company letterhead, verifying present employment and indicating the circumstances of the loss; (2) Provide any police reports, if available, (3) Make an appointment to come into the Licensing Division with proper photo identification; (4) Submit two recent photos, 1 1/2 inches square, depicting the applicant's head and shoulders; and (5) Pay a \$10 processing fee by check or money order, payable to the Maryland State Police. C. An individual wishing replacement of a damaged certification card shall: (1) Provide verification on company letterhead indicating present employment; (2) Make an appointment to come into the Licensing Division with proper photo identification;	03) This will streamline the process and reduce the time MSP spends issuing lost or stolen cards..
		4 of 4 (continued)		(3) Submit two recent photos, 1 1/2 inches square, depicting the applicant's head and shoulders; (4) Pay a \$10 processing fee by check or money order payable to the Maryland State Police; and (5) Return the damaged certification card to the Licensing Division. D. An individual not currently employed by a licensed agency shall follow original application procedures.	
MSP	29.04.08	Private Detective Agency Licenses and Private Detective Certifications	Rules and Regulations to obtain a Private Detective Agency License and/or Private Detective Certification.	01) The Fees For FBI Print reflect an incorrect fee of \$24.00 Change the fee to \$19.25 02) .02 Renewal of Agency License: A Renewed Private Detective Agency Licenses are for a 2-year term, staggered by the Secretary. This should reflect the same term as a Security Guard Agency License or vise versa. A Security Guard Agency License renews every 3 years. I recommend this just to add some uniformity between the licenses.	01) Makes COMAR reflect current pricing. 02) This change would make it easier for Agencies to keep track of renewal times